

Los Angeles County + University of Southern California Healthcare Network
Confidential proctoring for Provisional Appointment

PSYCHIATRY

#1() 2() 3() 4() 5() 6()

PLEASE FILL IN EACH BLANK. THE FORM MUST BE COMPLETED IN IT'S ENTIRETY

Observed Physician: _____

Proctoring Physician: _____

Service: _____ Specialty: _____

Medical Record # _____ Observed (Dates) _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

	YES	NO	N/A
1. Is the history complete?	()	()	()
2. Is the diagnosis consistent with the findings?	()	()	()
3. Is the diagnosis given a DSM IV and ate all five axes addressed	()	()	()
4. Was appropriate diagnostic testing done?	()	()	()
5. Were abnormal results and pertinent findings addressed	()	()	()
6. Was treatment consistent with the diagnosis?	()	()	()
7. Was appropriate consultation requested if needed?	()	()	()
8. Was outcome consistent with the clinical picture?	()	()	()
9. Do the physician's progress notes provide a timely description of the patient's course?	()	()	()
10. Does the discharge summary address all important areas including diagnosis, hospital course, laboratory	()	()	()
11. Remarks and special procedures (e.g., ECT)	()	()	()

12. Actions

A) None Required _____

B) Information shared with proctored physician _____

C) Information shared with physician with request for response _____

D) Case referred to _____ For further review _____

Evaluation Element	Excellent	Good	Fair	Poor	Unknown
A. Patient Care and Clinical Judgment					
B. Medical Knowledge					
C. Practice-based Learning and Teaching Skills					
D. Interpersonal and Communication Skills					
E. Professionalism					
F. Systems-base Practice / Use of resources					

Proctoring Physician's Signature

Date

Department Chairpersons Signature

Date